## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

10/538377 APPLICANT(S) FILING DATE

**CLAIMS** 

|                 | AS   | AS FILED   |              | AFTER  |          |             | AFTER 2 MAMENDMENT |  |
|-----------------|--|--|--------------|--|----------|-------------|--------------------|--|
| <u></u>         | IND  | . DEF  |              |  | EP.      | IND.        | DEP.               |  |
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| TOTAL<br>CLAIMS |  |  | 20           |  |          |             |                    |  |

PTO - 1360 (REV. 11/04)

|                 | AS FILED   |                 | AI<br>1 AM  | TER<br>ENDMENT                                   | AF<br>2 → AME  | AFTER 2 MAMENDMENT |  |
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| OTAL DEP.       |  | <b> </b>        |             | <b>-</b> [                                       |                |                    |  |
| TOTAL<br>CLAIMS |  |                 |             |  |                |                    |  |

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